## **Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filling this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #						
Yr16-Tel	884447						
Block 1: Billed Entity Address and Identifications	(To be assigned by administrator)						
Name of Billed Entity     LEMON GROVE ELEM SCHOOL DIST							
2 Funding Year 2013							
3a Entity Number 143624							
<b>3b</b> FCC Registration Number 0001526490							
4a Street Address, P.O. Box, or Route Number							
8025 LINCOLN ST							
City LEMON GROVE State CA Zip Code 91945-2515							
4b Telephone Number							
4c Fax Number							
5a Type of Application (check only one)							
Individual School (individual public or non-public school)							
School District (LEA; public or non-public [e.g. diocesan] local district representations of the public public [e.g. diocesan] local district representations of the public	enting multiple schools)						
cibiary (including library system, library outlet/branch or library conso	rtium as defined under LSTA)						
Statewide application for (enter 2-letter state code)	al consortia of schools and/or libraries)						
representing (check all that apply)							
☐ All public schools/districts in the state ☐ All non-public schools in the state							
All libraries in the state							
5b Recipient(s) of Services:							
□ Private □ Public □ Charter							
☐ Tribal ☐ Head Start ☐ State Agency							
Entity Number: 143624	Applicant's Form Identifier: Yr16-Tel						
Contact Person: Nanette Rodriguez Block 1: Billed Entity Address and Identifications (continued)	Contact Phone Number:						
6a Contact Person's Name							
Nanette Rodriguez							
If the Contact Person's Street Address is the same as Item 4 above, check here. $\Gamma$ If no	ot, complete Item 6b.						
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form.							
1800 30th Street Suite 175							
City Bakersfield State CA Zip Code 93301-							
Check the box next to your preferred mode of contact and provide your contact information	on. One box MUST be checked and an entry provided.						
6c Telephone Number							
「 6d Fax Number F 6e E-Mail Address							
Re-enter E-mail Address							
6f Holiday/vacation/summer contact information: please include name of alternate co	ontact (if applicable) and alternate phone, fax or E-mail address						
If a consultant is assisting you with your application process, please complete Iten	n 6g below:						
6g Consultant Name Fred Brakeman Name of Consultant's Employer Infinity Communications & Consulting Consultant's Street Address P.O. BOX 6069							
City Bakersfield State CA Zip Code 93386 Consultant's Telephone Number Ext.							
Consultant's Fax Number							
Consultant's E-mail Address							
Re-enter E-mail Address							
Consultant Registration Number 16043605							

Entity Number: 143624	Applicant's Form Identifier: Yr16-Tel
Contact Person: Nanette Rodriguez	Contact Phone Number:

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

	Libraries from this Form 471

			Schools	Libraries
		or patrons to be served	4192	0
Ь	Telephone service: phone service	Number of classrooms or rooms with	207	0
С	Direct connections to	the Internet: Number of drops	21	0
d	Number of classroon	ns or rooms with Internet access	207	0
е	Number of computer	s or other devices with Internet access	3226	0
f	Number of dial-up Int to <b>200 kbps</b> :	ernet access and other connections of up	0	0
	High-speed Internet	At or greater than <b>200 kbps</b> and less than <b>1.5 mbps</b>	3	0
	access services: Number of buildings served at the		0	0
g	following speeds (please use	At or greater than <b>3 mbps</b> and less than <b>10 mbps</b>	0	0
	advertised download speed coming into building, not actual speed in classroom 4t or greater than 10 mbps and less than 25 mbps  At or greater than 10 mbps and less than 25 mbps  At or greater than 25 mbps and less than 50 mbps		0	0
			0	0
	or work area):	At or greater than <b>50 mbps</b> and less than <b>100 mbps</b>	8	0
		Greater than 100 mbps	0	0
Block 3	3:			
8	[Reserved]			

Entity Number: 143624						A	Applicant's Form Identifier: Yr16-Tel							
Contact Person: Na	anette Rodriguez					Contact Phone Number:								
Block 4: Discount C	Calculation Worksh	eet										W	orksheet Page 1	
	please number the lated in Block 1, Item re if this worksheet of	complei n 5. contains	ted workshe	eets to assu	ire that they ar	e all pro	ocess	ed corre	ectly. P	s depending or lease refer to tl	i the type of app ne instructions f	or information spec	ific to the	Type of
9a List entities and c School District or L											School Distric	For A t or Library Systen	dministra <b>n Entity I</b>	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools; or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Cons tructi on	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Adult Education, J =	Entity Number of School District in which Library Outlet/Branch is Located	Member	Shared Discount
ALL ENTITIES SCHOOLS AND LIBRARIES						Schools with shared services	Schools	Library Outlet/Branch	Consortia					
VISTA LA MESA ELEM SCHOOL	103722 06 21330 02556	U	732	539	73.634%	80	N	N	N	58560				
SAN MIGUEL	103738	u	603	466	77 280%	90	N	N	N	54270				

ELEMENTARY SCHOOL	06 21330 02555	U	603	466	77.280%	90	N	N	N	54270		
LEMON GROVE	103740 06 21330 02550	U	1281	954	74.473%	80	N	N	N	102480		
LEMON GROVE DISTRICT OFFICE	16062759	R	0	0	0.000%	81	N	N	N	0		
SAN ALTOS ELEMENTARY SCHOOL	103743 06 21330 02554	U	470	334	71.064%	80	N	N	N	37600		
MONTEREY HEIGHTS ELEM SCHOOL	103744 06 21330 02551	U	506	353	69.763%	80	N	N	N	40480		
MOUNT VERNON ELEM SCHOOL	103742 06 21330 02552	U	600	432	72.000%	80	N	N	N	48000		
9b Shared Services												
SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to result in Column 15.	ol districts.) Calculate and 11. Divide the to tal of Column 4. Ent	e the otal of	4192							341390		81%
LIBRARY SYSTEMS Column 7. Divide thi outlets/branches. Er 15.	is total by the number	er of										
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.												

Contact Prenon Nameta Rodingues  Block 5: Discouries Use one Block 5: page for EACH service (Funding Request Number) for which you are recquesting about 5: bits one block 5: page for EACH service (Funding Request Number) for which you are recquesting about 5: bits one block 5: page for EACH service (Funding Request (e.g., of an FRN that is not yet approved under a page an another of the original PRN in the ignate provided.  10 Filtrians a subjective Funding Request (e.g., of an FRN that is not yet approved under a page and the following of the	Entity Number: 143624	IAp	Applicant's Form Identifier: Yr16-Tel					
International: Use one Block 5 spage for EACH service (Funding Request Number) for winch you are requesting accounts. More a many copies of the page as needed and number the completed pages to search at they are all processed controls.  If I always a page is a possible of the page is a possible of the page is a possible of the page is a page. The page is page is a			<del></del>	1. 1110-16.				
Security	Block 5: Discount Funding Request(s)		Riock 5 page 4 of 7					
Internal Concessed correctly   Cobe assigned by administratory	discounts. Make as many copies of this page as needed, and number t	∍st Number) for which y the completed pages to	ou are requesting assure that they	RN 2408430				
etc.), check this box and enter the original FRN in the space provided.    Calculations   PRIORITY	are all processed correctly.		(to be assigned by administrator)					
PRIORITY 1   PRIORITY 2   Internal Connections Other than Basic Maintenance		der appeal,						
Telecommunications Service   Telecommunicati	11 Category of Service ( only ONE category should be checked)		23 Calculation	S				
The immerial Access   Basic Maintenance of Internal Connections	1	n Basic Maintenance		A. Monthly charges (total amount per month for service)				
13   Form 470 Application Number   787930000798758				<b>\$</b> 19.548 13				
3 SPIN - Service Provider Identification Number   143024442	12 Form 470 Application Number							
14 Service Provider Name  Sun Microwave, Inc  15a	787930000786758			<b>B.</b> How much of the amount in A is ineligible?				
Sun Microwave, Inc   Sun Mic	13 SPIN – Service Provider Identification Number			\$0.00				
Sun Microwave, inc  15a	143024442	Į.		C. Eligible monthly pre-discount amount (A minus B)				
Sun Microwave. Inc  15a	14 Service Provider Name		Recurring Charges	\$19,548.13				
Sun Microwave, Inc		I	i					
15a	Sun Microwave Inc	l l	i					
15.   Contract Number   NA   S234,577.56		ed tariffed or month-	i	12				
NA  15c	to-month services.	ed tallined of moral.	i					
15c C Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made suitable to an eligible entity that purchases directly from the service provider)  15d C Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract (fiso, provide that FRN here:  2245484  16a Billing Account Number (e.g., billed telephone number)  16b C Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.  17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)  18 Contract Award Date (mm/dd/yyyy)  19 Service Start Date (mm/dd/yyyy)  107/01/2013  20a Service End Date (mm/dd/yyyy)  20a Service End Date (mm/dd/yyyy)  20b (mm/dd/yyyy)  20c Contract Expiration Date (mm/dd/yyyy)  20c (mm/dd/yyyy)  20c Contract Expiration Date (mm/dd/yyyy)  20c (mm/dd/yyyy)  20c (SA30/2015  21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment A Number, and note number in space provided.  22 Entity/Entities Receiving This Service:  23 Diff the service is stare-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 Verceiving this service:  25 In the province is shared by others), list the Entity Number of the entity from Block 4 Verceiving this service:  26 In the province is shared by all entities on a Block 4	15b Contract Number	Į.	i					
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